

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>W/je</i>		<i>09-26-01</i>
<b>O.I.P.E. CLASSIFIER</b>		<i>49</i>	<i>10/14/01</i>
<b>FORMALITY REVIEW</b>	<i>Te1</i>	<i>JC1147</i>	<i>10/19/01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>dc</i>	<i>1019</i>	<i>12-11-01</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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Original	<i>3-23-01</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**

*dc 8/6  
10/14/01  
947  
12-11-01*